

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>REQUEST FOR APPROVAL OF NOMINEES</b> <b>FOR PUBLIC ADVISORY COMMITTEES</b> (See reverse for Instructions)		Date Prepared <input type="checkbox"/> Principal <input type="checkbox"/> Alternate	
		Name of Companion Nominee	
Name of Nominee: <i>(last, first, middle, prof. degrees)</i>		Business Title:	
Home Address:		Business Address:	
Date of Birth:		Place of Birth:	
Agency:		Proposed Committee:	
<input type="checkbox"/> Initial Appointment Current Term: From: To:	<input type="checkbox"/> Reappointment Current Term: From: To:	Current Term: From: To:	Name of Retiring Member:  Termination Date:
Sources of Recommendations:			
Name		Title	
Special Qualifications of Nominee <i>(briefly describe unique qualifications)</i>			
Type Qualifications Needed for Committee Position			
Previous Membership on DHHS Committees and Terms of Office			
Program Director Recommendation/Approval  BY: _____ Date _____		Agency Head Recommendation/Approval  BY: _____ Date _____	
Department Committee Management Office Concurrence  BY: _____ Date _____		OPDIV Head Recommendation/Approval  BY: _____ Date _____	
Assistant to the Secretary Recommendation  BY: _____ Date _____		SECRETARY'S APPROVAL  _____ Date _____ Secretary	

## **INSTRUCTIONS FOR COMPLETING FORM HHS-532**

- Complete Form HHS-532 for all nominees, whether principal or alternate
- Fill in all items
- Forward original and 3 copies to OS for each nominee
- Do not indicate distribution to be made of copies
- Attach curriculum vitae to each copy
- Attach one copy of roster of committee membership
- Attach one U.S. map showing geographic distribution of members and nominees
- Signed original to be returned to agency Committee Management Officer

## **PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the Federal Advisory Committee Act (P.L. 92-463). The primary purpose of the requested information is to determine and verify your qualifications for serving as a Federal public advisory committee member. The information will be used by officers and employees of the Department who have a need for the information in the performance of their official duties, and for an Annual Report to the President and various administrative reports to OMB and GSA. Disclosure of the requested information is voluntary, however, we cannot properly evaluate your qualifications without it.